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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

**DATE:** September 2008

**TO:** Holders of AHCCCS Medical Policy Manuals

**FROM:** Maureen Sharp, Medical Policy Manager  
Office of Medical Policy and Programs, AHCCCS

**SUBJECT:** AHCCCS Medical Policy Manual (AMPM)  
Update, September 2008

There are multiple changes for the month of September. Unless otherwise indicated, all modifications are effective 10/1/2008.

### **Reminder - Date Format Change**

Please note we have initiated a revision in the format of the AMPM. We are relocating the policy revision dates from the bottom of each page to the beginning of each policy. We believe this will allow readers to better identify when a policy has been modified. We will implement the new revision to date formats as we review policy. Therefore, we will have more than one format until we have completed our review of the Manual.

### **Chapter 300**

Select segments of Chapter 300 have been revised. The sections that were revised are as follows:

- Policy 310-BB, Transportation, has been modified. Prior to 10/1/08, non-IHS providers who provided care to IHS members were required to submit a referral form to AHCCCS for payment. This requirement has been removed. However, prior authorization requirements have not changed. The modification to Policy 310-BB is a conforming change. Please also reference the description of the modification to Chapter 800, Policy 840.
- Policy 320-K, AHCCCS Coverage of Smoking Cessation Products, is a new policy. In the most recent legislative session, Senate Bill 1418 passed, allowing AHCCCS to cover smoking cessation products.

The new policy allows members who are 18 years of age and older to receive up to a 12 week supply of tobacco cessation products within a six month period. Members are encouraged, but not required, to enroll in the tobacco cessation program offered through the Arizona Department of Health Services.

## **Chapter 400**

Chapter 400 has been completely reviewed and revised. Contractor staff working in this area should review the Chapter completely. Select substantive changes are included below:

- Exhibit 400-2 is a new exhibit. The purpose of this exhibit is to assist Contractors in their preparation of the annual MCH/EPSTD plan.
- AHCCCS has provided additional guidance related to orthodontic services. Please refer to Policy 430–C, Oral Health Services.
- Exhibit 430-1, EPSTD Periodicity Schedule, has been revised. The EPSTD Schedule has been revised to reflect AHCCCS’ expectations related to periodic health screenings for children.
- Exhibit 430-1A is a new exhibit. This Exhibit provides guidance to dentists related to AHCCCS’ expectations related to periodic dental care timeframes.

Individuals with questions related to Chapter 400 should contact Connie Williams at 602-417-4301.

Individuals with questions related to dental policy should contact Dr. Robert Birdwell at 602-417-4198.

## **Chapter 800**

Select segments of Chapter 800 have been revised. The sections that were revised are as follows:

- Policy 810 includes conforming changes related to the removal of the requirement of an IHS referral form. See complete explanation provided below (Policy 840).
- Policy 820, Dental Services, has been revised to provide greater clarity. A new requirement is that for Fee-For-Service members, the provision of pre-transplant dental services must be reviewed by the AHCCCS Dental Directors in addition to the AHCCCS Transplant Coordinator.
- Policy 840, formerly Indian Health Service Referral, is now reserved. Prior to 10/1/08, non-IHS providers who provided care to IHS members were required to submit a referral form to AHCCCS for payment. The requirement for referral has been removed. However, please note, prior authorization requirements have not changed.

Individuals with questions related to the referral requirements when caring for IHS members should contact AHCCCS DFSM Prior Authorization unit at 602-417-4400.

Individuals with questions related to Dental Policy should contact Dr. Robert Birdwell at 602-417-4198.

## **Chapter 900**

Chapter 900 has been completely reviewed and revised. Contractor staff working in this area should review the Chapter completely. Select substantive changes are described below:

- Policy 900 includes several new definitions, including Plan-Do-Study-Act Cycle, Statistically Significant, Delegated Entity, and Health Information System.
- Exhibit 910-1, AHCCCS QM Plan Checklist, is a new exhibit. The purpose of this Exhibit is to assist Contractors in their preparation of the annual QM plan.
- Exhibit 950-1, AHCCCS Quarterly Credentialing Report, is a new exhibit. The purpose of this Exhibit is to define the elements of the credentialing report.
- Exhibit 960-1, AHCCCS Quarterly Quality Management Report, is a new exhibit. The purpose of this exhibit is to assist Contractors in their preparation of the quarterly QM report.
- Exhibit 980-1, AHCCCS Performance Improvement Project Protocol, is a new exhibit. The purpose of this Exhibit is to provide the protocol to Contractors related to conducting PIPs.
- Exhibit 980-2, AHCCCS Performance Improvement Project Reporting Template, is a new exhibit. The purpose of this Exhibit is to assist Contractors in their reporting process related to PIPs.

Individuals with questions related to Policy 900 should contact Kim Elliott, PhD at 602-417-4782.

## **Chapter 1000**

Chapter 1000 has been completely reviewed and revised. Contractor staff working in this area should review the Chapter completely. Select substantive changes are described below:

- Policy 1010C has been revised, refer to Section 3a. Clarification is provided related to AHCCCS' expectations related to training on the grievance process as part of new hire and annual staff training.
- Policy 1010C has been revised, refer to Section 5g and 5h. These Sections have been revised to include the following:
  - Timeliness of service request decisions must be evaluated quarterly.
  - Prior authorization requirements must be reviewed annually.
- Policy 1010C has been revised, refer to Section 6. In Section 6, AHCCCS provides guidance regarding authorization, reduction and denial of services, as well as grievances and appeals. Section 6d provides guidance related to what specific types of health care professionals may render an opinion/decision and under what circumstances.
- Policy 1020A has been revised to clarify that all mechanisms to detect over and under utilization of services must incorporate measurable outcomes.
- Policy 1020B clarifies the role of the Contractor when they are not the primary payor.
- Policy 1020C has been revised to further clarify the expectation on communication of prior authorization criteria and any changes to that criteria.
- Policy 1020G, has been revised, refer to section 1d and 1e. These sections have been revised to clarify AHCCCS' expectations regarding care coordination.

Individuals with questions related to Policy 1000 should contact Maureen Wade at 602-417-4145.

## **Appendix A**

Appendix A, EPSDT and Adult Quarterly Monitoring Report is a new Appendix. This Appendix provides instructions and a reporting template to assist Contractors in satisfying their requirements to report their performance on specified measures.

Individuals with questions related to Appendix A should contact Kim Elliott, PhD at 602-417-4782.

## **TO UPDATE YOUR AMPM:**

### **Main Table of Contents**

Replace main table of contents with the revised TOC.

### **Chapter 300**

Replace Chapter Table of Contents with the revised TOC.

Replace pages 310-57 through 310-66 with the revised pages 310-57 through 310-66.

Add page 320-29.

### **Chapter 400**

Replace entire Chapter with the revised Chapter 400.

### **Chapter 800**

Replace Chapter Table of Contents with the revised TOC.

Replace pages 800-1 through 800-2 with the revised page 800-1.

Replace pages 810-1 through 810-4

Replace pages 820-1 through 820-6

Replace pages 820-11 through 820-14

Replace pages 820-21 through 820-22

Replace pages 840-1 through 840-2 with the revised page 840-1.

## **Chapter 900**

Replace entire Chapter with the revised Chapter 900.

## **Chapter 1000**

Replace entire Chapter with the revised Chapter 1000.

## **Appendices Table of Contents**

Replace appendices table of contents with revised TOC.

## **Appendix A**

Replace Appendix “reserved” page with the new Appendix A.

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AMPM update\What's New sept.doc